		ΔΛ	1 85 0
FORM PRECEIVED US SECURITIES Was	AND EXCHANGE COMMISS	sion Manual	14 squed
Was	5		
NOTICE (OF SALE OF SECURITIES ANT TO REGULATION D	Prefix	Serial
	TION 4(6), AND/OR	D	ATE RECEIVED
SEA SUNIFORM LIN	IITED OFFERING EXEMPTIO	N	
Name of Offering Check if this is an ame	ndment and name has changed, and In	dicate change.)	181403
Cumberland Enterprise Holdings, LLC			
Filing Under (Check box(es) that apply): \Box Rule 50	4 □ Rule 505 ⊠ Rule 50	6 🗆 Section 4(6)	⊠ ULOE
Type of Filing: ⊠ New Filing □ Amendment			
	BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer			
Name of Issuer (☐ check if this is an amendm	ent and name has changed and indicat	e change.)	02051560
Cumberland Enterprise Holdings, LLC			
Address of Executive Offices (Number and Str	eet, City, State, Zip Code)	Telephone Number	(Including Area Code)
1350 East Flamingo Road #109, Las Vegas	s, Nevada 89119	888-848-4857	
Address of Principal Business Operations (Num	ber and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
(if different from Executive Offices)			
Brief Description of Business			
Loans and advances to corporations and ot	•	ularly to entities in	
financial situation; asset-based lending; and	other similar investments.		PROCESSI
Type of Business Organization corporation	☐ limited partnershi	n already formed	T AUG 2 1 200
□ business trust	19. 24. 1		/ AUU = 1 200
4 (1 9)	P 5 199		THOMSON
other (please specify)	⊠ limited liability col	Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization	<u> </u>	20 01 ⊠ Actual	□ Estimated
,	er two letter U.S. Postal Service abbre	· 1	V
	or Canada; FN for other foreign jurisdi	ction) N	V
GENERAL INSTRUCTIONS			
FEDERAL: Who Must File: All issuers making an offering of securities	in reliance on an exemption under Reni	lation D or Section 4(6) 1	7 CFR 230 501 et sen ar
15 U.S.C. 77d(6).	in renance on an exemption under negu	nation b of bection 4(o), 1.	7 OI II 200.30 I Et 364. 01
When To File: A notice must be filed no later than 15 day	s after the first sale of securities in t	ne offering. A notice is de	emed filed with the U.S.
Securities and Exchange Commission (SEC) on the earlier of	-	-	ived at that address after
the date on which it is due, on the date it was mailed by Ur	-		
Where to File: U.S. Securities and Exchange Commission, 49			
Copies Required: Five (5) copies of this notice must be filed be photocopies of the manually signed copy or bear typed o		inually signed. Any copies	not manually signed must
ne photocopies of the mandally signed copy of bear typed of Information Required: A new filing must contain all information	· ·	nort the name of the issuer	and offering, any changes
thereto, the information requested in Part C, and any materia	The state of the s		
need not be filed with the SEC.			
Filing Fee: There is no federal filing fee.			
STATE:	Para Antonio	and a section of the section of	Ask at the terms of the terms o
This notice shall be used to indicate reliance on the Uniform			
ULOE and that have adopted this form. Issuers relying on Ul are to be, or have been made. If a state requires the paymer	•		
accompany this form. This notice shall be filed in the appro			
of this notice and must be completed.			
	A TYPE A WAY CONT		
Failure de file region in the communicate education will and	ATTENTION	tian Canuarada fallas-	to file the engantiete
Failure to file notice in the appropriate states will not federal notice will not result in a loss of an available st		· · · · · · · · · · · · · · · · · · ·	
		- F on one on	J

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of the corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wright, Neil **Business or Residence Address** (Number and Street, City, State, Zip Code) Premier Bank Building, Suite 302, 5217 Maryland Way, Brentwood, TN 37027 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner □ Director □ Full Name (Last name first, if individual) Howe, David William **Business or Residence Address** (Number and Street, City, State, Zip Code) Premier Bank Building, Suite 302, 5217 Maryland Way, Brentwood, TN 37027 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☒ General and/or Managing Partner Full Name (Last name first, if individual) WCG, Inc. **Business or Residence Address** (Number and Street, City, State, Zip Code) 1350 East Flamingo Road #109, Las Vegas, Nevada 89119 General and/or Managing Partner Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director ☐ Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director 🗆 General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

(Number and Street, City, State, Zip Code)

Business or Residence Address

_					B. INF	JKMATIUN	ABUUI U	FFERING				
									_		Yes	No
1.	Has the issu	er sold, or				non-accredit Column 2, if			ering?		. 🗆	⊠
2.	What is the	minimum in	vestment t	hat will be	accepted f	rom any ind	ividual?				. \$	25,000
											Yes	. No
3.	Does the off	ering perm	it joint own	ership of a	single unit	?			• • • • • • • • • • • • • • • • • • • •		. ⊠	
4.	for solicitation broker or de	on of purch aler registe	nasers in co ered with th	nnection w e SEC and	ith sales of or with a s	securities i tate or stat	n the offeri	ng. If a pers	on to be list broker or de	, any commission ed is an associat ealer. If more tha ker or dealer only	ed persoi n five (5)	or agent of
Full	Name (Last na	me first, if	individual)									
Ву	the issuer;	no con	nmission	s.								
Busi	ness or Reside	nce Addre	ss (Number	and Street	, City, Stat	e, Zip Code)					
 Nam	ne of Associate	ed Broker o	r Dealer						.			<u>-</u> -
Stat	e in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser:	s (Check "A	Il States" or	check indiv	idual States)		☐ All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	-	HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK] [OR)	[PA]
[RI]	[SC]	(SD)	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI][WY]	[PR]
Full	Name (Last na	me first, if	individual)									
Busi	ness or Reside	nce Addre	ss (Number	and Street	, City, Stat	e, Zip Code)		·			
Nam	ne of Associate	ed Broker o	r Dealer			.						
Stat	e in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s (Check "/	All States" o	r check indi	vidual States)		☐ All State
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]		HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]		OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI] [WY]	[PR]
ruii	Name (Last na	me urst, u	inuividuai)									
Busi	ness or Reside	nce Addre	ss (Number	and Street	, City, Stat	e, Zip Code)					
Nam	ne of Associate	ed Broker o	or Dealer									
Stat	e in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s (Check "A	States" or	check indiv	idual States)		□ All State
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]		HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		MS]	[MO]
[MT]] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [OR)	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[VA]

[WA]

[WV]

[WI]

[VT]

[UT]

[PR]

[WY]

[SC]

[SD]

[TN]

[RI]

,	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	DU	SE OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	!			
	Type of Security		Aggregate Offering Price	Am	ount Already Sold
	Debt	\$	0	\$	0
	Equity			\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify Limited Liability Company Membership) Interests	\$	5,000,000	\$	462,000
	Total	\$	5,000,000	\$	462,000
2.	Enter the amount of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	!			
		B.I			ggregate Dollar
	Accredited Investors		umber of Investors ನ	Amı \$	ount of Purchases 462,000
	Non-accredited Investors			<u>~</u>	\$
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		•		
	Regulation A				
	Rule 504				
	Total				
4. a.	Furnish a statement of all expenses in connection with the issuance and distribution of the relating solely to organization expenses of the issuer. The information may be given as su of an expenditure is not known, furnish an estimated and check the box to the left of the	ıbje	ct to future contingencie		
	Transfer Agent's Fees		🗆	\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees (includes other expenses related to the offering)		🗆	\$. 0
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		🗆	\$	0
	Other Expenses (identify (Blue Sky fees and expenses) 🗆	\$	0
	Total			\$	O ¹

¹All expenses are to be paid by the Manager; no expenses will be taken out of the proceeds of the offering

(amount for any purpose is not known, furnish an estimate and	check the	e bo	x to the l	posed to be used for	r each i	of the r						
;			Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed mus equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.										
;				Paym Dire	ents to Officers, ctor & Affiliates		P	ayment To Others					
	Salaries and fees Professional Services	🗵	3	\$	50,000			\$					
ı	Purchase of real estate	[]	\$	0		\$	0					
	Purchase, rental or leasing and installation of machinery and equipment]	\$	0		\$	0					
(Construction or leasing of plant buildings and facilities	⊏]	\$	0		\$	0					
i	Acquisition of other businesses (including the value of securit nvolved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).)]	\$	0		\$	0					
ı	Repayment of indebtedness	🗆]	\$	0		\$	0					
١	Working capital]	\$	0	- ⊠	\$	4,950,000					
(Other (specify):												
]										
(Column Totals	¤	3	\$	50,000	_ 🗵	\$	4,950,000					
7	Total Payments Listed (column totals added)				⊠	\$	5,000,000						
	D. FEDI	ERAL SIG	GN/	ATURE									
natur	er has duly caused this notice to be signed by the undersign e constitutes an undertaking by the issuer to furnish to the l ion furnished by the i <u>s</u> suer to any non-accredited investor pu	ned duly a	autl	horized po	change Commission	ris filed , upon	l under writter	Rule 505, the follow request of its staff,					
	rint or Type) Signatu	ure			/	Dat		1.2/					
umbe		vil		_ <u>/ </u>			0/	113/02					
ame of	Signer (Print or Type) Title of	Signer (F	Prin	t or Type	1								